

Attorney Docket No. **RO0861US (#90568)**PATENT OR DESIGN: SOLE OR JOINT
(U.S. and Foreign Rights)**ASSIGNMENT FOR UNFILED APPLICATION
FOR UNITED STATES PATENT
(Sole or Joint Inventors)**

WHEREAS:

NAME(S) AND ADDRESS(S)
OF INVENTOR(S)
(including country)1) **Tina Rademacher**
Eifelstrasse 34
53498 Bad Breisig, Germany2) **Frank Seibertz**
Arienhellerstrasse 64
56598 Rheinbrohl, Germany3) **Petra Brandt**
Berliner Strasse 83
25421 Pinneberg, Germany4) **Christian Von Falkenhausen**
Merler Ring 7
53340 Meckenheim, Germany5) **Markus Krumme**
Feldkircherstrasse 46
56567 Neuwied, Germany

(hereinafter referred to as ASSIGNOR), have invented and own a certain invention entitled:

TITLE OF INVENTION**TASTE-MASKED FILM-TYPE OR WAFER-TYPE MEDICINAL PREPARATION**

for which application for Letters Patent of the United States has been executed on even date herewith,

WHEREAS:

NAME AND ADDRESS
OF ASSIGNEE
(including country) **LTS Lohmann Therapie-Systeme AG**
Lohmannstrasse 2
56626 Andernach, Germany**a corporation of Germany**

(hereinafter referred to as ASSIGNEE), is desirous of acquiring the entire interest in, to and under said invention and in, to and under Letters Patent or similar legal protection to be obtained therefor

Attorney Docket No. **RO0861US (#90568)****COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL, STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check any of next two items and check appropriate one of last three items.

- ☒ national stage of PCT
☐ supplemental

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION**TASTE-MASKED FILM-TYPE OR WAFER-TYPE MEDICINAL PREPARATION****SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b), or (c))

- (a) ☐ is attached hereto.

- (h) ☐ was filed on as ☐ Serial No. _____ or
☐ Express Mail No. _____, as Serial No. not yet known
and was amended on _____ (if applicable).
- (c) ☒ was described and claimed in PCT International Application
No. **PCT/EP2003/001052** filed on **February 4, 2003**
and as amendment under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

- ☐ In compliance with this duty there is attached an information
disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (c), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 37 USC 119
_____	_____	_____	_____
_____	_____	_____	() YES NO ()
_____	_____	_____	() YES NO ()
_____	_____	_____	() YES NO ()

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION



Germany Appln. 102.07.394.5 Filed February 21, 2002
PCT Appln. PCT/EP2003/001052 Filed February 4, 2003

POWER OF ATTORNEY

As a named inventor, I hereby appoint D. Peter Hochberg, Reg. No. 24,603, Sean Mellino, Reg. No. 48,817, Katherine R. Vieyra, Reg. No. 47,155, and James A. Rich, Reg. No. 25,519, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

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Cleveland, Ohio 44114-2294

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

D. Peter Hochberg
(216) 771-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of first inventor: **Tina Rademacher**

Inventor's signature

Date

Country of Citizenship

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Residence
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Post Office Address

Full name of **second joint inventor**: **Frank Seibertz**

Inventor's signature

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Residence

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Post Office Address

Full name of **third joint inventor**: **Petra Brandt**

Inventor's signature

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Full name of **fourth joint inventor**: **Christian Von Falkenhausen**

Inventor's signature

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Full name of **fifth joint inventor**: **Markus Krumme**

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address

CHECK PROPER BOX(ES) IF ANY OF THE FOLLOWING ADDED PAGE(S)
FORM A PART OF THIS DECLARATION

- ☐ Signature for sixth and subsequent joint inventors. Number of pages added _____
- ☐ Signature by administrator(trix), executor(trix) or legal representative of deceased or incapacitated inventor. Number of pages added _____
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

- ☐ Added pages to combined declaration and power of attorney for a conversion of a provisional, divisional, continuation, or continuation-in-part (CIP) application. {Not required if modifications for provisional incorporated herein.}
- ☐ Number of pages added _____

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

☒ This declaration ends with this page.